LATERAL RESTRICTION POLICY HARDSHIP APPLICATION Water Districts #5, #7A, #10

Applicant Portion of Form	Date:
Name	
Address	
SBL #	
Number of years at this home?	
Are you in an agricultural district? (Circle one) Yes	No
When was your house constructed?	
Does a well exist? (Circle one) Yes No	
What type of problems do you have with your well?	
What type of information do you have documenting your well problems? (Receipts, reports, water quality testing etc)	
Reasons to request assistance under the Hardship Application	n? (health, financial, water quality)
Signature of Applicant	
Newstead Portion of Form Which water district does the applicant live in? (Circle one) No. 5 No. 7A	
	No. 10
Reasons to accept or deny hardship applications	
□ Accept - (Circle one below)	
Demonstrated sound financial hardship with supporting documentation (attached).	
Demonstrated significant water quality hardships that limit the ability of the ground water to be used for potable water with supporting documentation (attached).	
Demonstrated health related hardships that require water to be provided by public system with supporting documentation (attached).	
Demonstrated a hardship not identified above. (Describe)	
☐ Deny - Applicant did not demonstrate a hardship or supply sufficient information to qualify under the hardship portion of the Lateral Restriction Policy.	
Building Department Review: Date: Initials	S
Town Board Review: Date: Initials:	